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Application or Docket Number

Substitute for Form PTO-875

10/628513

| (Column 1) | (Column 2) |
|------------|------------|
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |
| 7 | 8 |
| 9 | 10 |
| 11 | 12 |
| 13 | 14 |
| 15 | 16 |
| 17 | 18 |
| 19 | 20 |
| 21 | 22 |
| 23 | 24 |
| 25 | 26 |
| 27 | 28 |
| 29 | 30 |
| 31 | 32 |
| 33 | 34 |
| 35 | 36 |
| 37 | 38 |
| 39 | 40 |
| 41 | 42 |
| 43 | 44 |
| 45 | 46 |
| 47 | 48 |
| 49 | 50 |
| 51 | 52 |
| 53 | 54 |
| 55 | 56 |
| 57 | 58 |
| 59 | 60 |
| 61 | 62 |
| 63 | 64 |
| 65 | 66 |
| 67 | 68 |
| 69 | 70 |
| 71 | 72 |
| 73 | 74 |
| 75 | 76 |
| 77 | 78 |
| 79 | 80 |
| 81 | 82 |
| 83 | 84 |
| 85 | 86 |
| 87 | 88 |
| 89 | 90 |
| 91 | 92 |
| 93 | 94 |
| 95 | 96 |
| 97 | 98 |
| 99 | 100 |

| FOR | NUMBER FILED | NUMBER EXTRA |
|--|--------------|--------------|
| BASIC FEE (37 CFR 1.18(a)) | | |
| TOTAL CLAIMS (37 CFR 1.10(c)) | minus 20 = | * |
| INDEPENDENT CLAIMS (37 CFR 1.10(b)) | minus 3 = | * |

MULTIPLE DEPENDENT CLAIM PRESENT (3) CFH 16(d)

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| AMENDMENT A | (Column 1) | | (Column 2) | | (Column 3) |
|---|------------|---|------------|---|-------------------|
| | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT (EXTRA |
| Total (37 CFR 1.16(d)) | * | 22 | Minus | ** 20 | * 2 |
| Independent (37 CFR 1.16(d)) | * | 1 | Minus | *** 3 | * |
| FIRST FILE SITUATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | |

1 FIRST FILE SITUATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.140)

AMENDMENT B

9/12/05

| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESUMPTIVE EXTRA |
|---|-------|---|----------------------|
| 24 | Minus | 22 | 2 |
| 2 | Minus | 3 | |

FORM 100 (SEE INSTRUCTIONS) OF MULTIPLE DEPENDENT CLAIM (SEE INSTRUCTIONS)

(Fcc Paid)

AMERICAN

| (Column 1) | (Column 2) | (Column 3) |
|---|---|--------------------|
| CLAIMS REMAINING AT 12/31/2013 | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESERVE STATUS |
| | 10000 | 1 |
| | 10000 | 1 |

TABLE OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.6101)

1551 PRESENTATION OF MULTIPLE DEPENDENT QUANTIFICATION

1. מתי? 2. כי? 3. כי? 4. כי? 5. כי? 6. כי? 7. כי? 8. כי? 9. כי? 10. כי?

*** If the "Includible hours" are 15 or less, and the "Paid for US MHS SPAC" is less than 20, enter "20"

The "highest" value in column 5, 24.3 for "total or independence" is the highest number found in the appropriate box in column 1.

[illegible]

⁽¹⁾ 0803 614-3121 * 117706 7770 7770 : 524 5123 2152 297 30 47: 05 .

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